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PTO/SB/97 (09-04)

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PTO/SB/83 (01-06)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 09/880,943 |
|------------------------|---------------------|
| Filing Date | 06/15/2001 |
| First Named Inventor | Kiril A. Pandelisev |
| Art Unit | 1731 |
| Examiner Name | Lopez, Carlos N. |
| Attorney Docket Number | Phoenix Scientific |

| o: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | |
|--|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | |
| X all the attorneys/agents of record. | | |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | |
| the attorneys/agents associated with Customer Number | | |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | |
| The reasons for this request are: | | |
| The applicant has asked for the return of his files to transfer to another patent attorney. | | |
| CORRESPONDENCE ADDRESS | | |
| The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: | | |
| The address associated with Customer Number: | | |
| R | | |
| Firm or Individual Name Dr. Kiril A. Pandelisev, President | | |
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| gnature & COVACY | | |
| Registration No. 22,693 | | |
| ate 12/6/2006 Telephone No | | |
| TE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration e of a time period for response or possible extension period, the request to withdraw is normally disapproved. | | |

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